## HIGH RESOLUTION MRI ◆ OPEN MRI ◆ SPIRAL CT ◆ ULTRASOUND ◆ X-RAY POSITRON EMISSION TOMOGRAPHY (PET/CT)



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## X-RAY REFERRAL FORM

## Patient MUST hand carry the referral form and call ahead for appointment Phone: (760) 346-3932 Date of Order: Social Security: Patient's Name: Phones: Cellular Home Work Referring Physician: Office Phone: Physician Signature: Office Fax: Clinical History/Diagnosis: SURVEY COMPLETE + **COMPLETE** (1-2 Views) (3-5 Views) (6 or more views) Most Insurance Plans are Welcome CHEST Discounted Cash Pricing is also available HEAD SPINE **OTHER**

(X-RAY'S REQUIRING FLUOROSCOPY AND DEXA SCAN ARE NOT AVAILABLE)

## **Indian Wells - Hours of Operation**

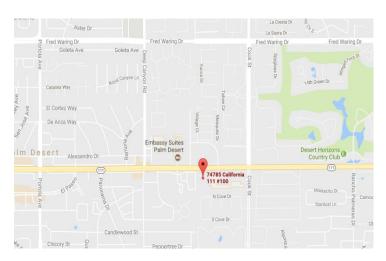
Mon thru Fri 9:00 AM to 5:00 PM

**MUST call for appointment** 

Valid State ID and Insurance Information will be Required at Time of Service if using insurance benefits.

Some weekends available, call ahead.

Located inside Executive Urgent Care 74785 Highway 111, Suite 100, Indian Wells



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